

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		1888.83
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	7139.04									
(c) Total Receipts (from Line 19)	5400.32	51990.53								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	12539.36	53879.36								
7. Total Disbursements (from Line 31)	3400.00	44740.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	9139.36	9139.36								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

Report Covering the Period: From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	4122.50	42969.00
(ii) Unitemized	1277.82	6621.53
(iii) TOTAL (add Lines 11(a)(i) and (ii)	5400.32	49590.53
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	5400.32	49590.53
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	2400.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	5400.32	51990.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5400.32	51990.53

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3400.00	44700.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	40.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3400.00	44740.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3400.00	44740.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	5400.32	49590.53
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5400.32	49590.53
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

A.	Full Name (Last, First, Middle Initial) Mary Beaulieu	Date of Receipt MM / DD / YYYY 10 / 05 / 2010
	Mailing Address 134 Plantation Drive	Transaction ID: SA11AI.7124
	City State Zip Code New Iberia LA 70563	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$20 Bi-Weekly)
Name of Employer Louisiana Health Care Group, I	Occupation Director of Nursing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

B.	Full Name (Last, First, Middle Initial) Mary Beaulieu	Date of Receipt MM / DD / YYYY 10 / 05 / 2010
	Mailing Address 134 Plantation Drive	Transaction ID: SA11AI.7161
	City State Zip Code New Iberia LA 70563	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$20.00 Bi-Weekly)
Name of Employer Louisiana Health Care Group, I	Occupation Director of Nursing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

C.	Full Name (Last, First, Middle Initial) Richard Block	Date of Receipt MM / DD / YYYY 10 / 08 / 2010
	Mailing Address P.O. Box 958	Transaction ID: SA11AI.7155
	City State Zip Code Redmond WA 98073	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Donation
Name of Employer LHC Group	Occupation Bus. Development Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	1060.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 15
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

A. Full Name (Last, First, Middle Initial)
George R. Cummings

Mailing Address 140 N. Domingue Ave.

City State Zip Code
Lafayette LA 70506

FEC ID number of contributing federal political committee. **C**

Name of Employer LHC Group Occupation Pilot

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.7157

Amount of Each Receipt this Period
250.00

Donation

B. Full Name (Last, First, Middle Initial)
Daryl Doise

Mailing Address 1042 Camillia Building
Apt. 4303

City State Zip Code
Lafayette LA 70508

FEC ID number of contributing federal political committee. **C**

Name of Employer LHC Group Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.7176

Amount of Each Receipt this Period
75.00

Payroll Deduction (\$75.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Lessley Fontenot

Mailing Address 2303 sandalwood Drive

City State Zip Code
Lafayette LA 70570

FEC ID number of contributing federal political committee. **C**

Name of Employer LHC Group Occupation Area Sales Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
425.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 0 / 0 5 / 2 0 1 0

Transaction ID: SA11AI.7131

Amount of Each Receipt this Period
50.00

Payroll Deduction (\$25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **375.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 15
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)
LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

A.

Full Name (Last, First, Middle Initial) Lessley Fontenot		Date of Receipt MM / DD / YYYY 10 / 05 / 2010
Mailing Address 2303 sandalwood Drive		Transaction ID: SA11AI.7179
City Lafayette	State LA	Zip Code 70570
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer LHC Group	Occupation Area Sales Manager	Payroll Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

B.

Full Name (Last, First, Middle Initial) Barbara Goodman		Date of Receipt MM / DD / YYYY 10 / 05 / 2010
Mailing Address 420 W. Pinhook Road		Transaction ID: SA11AI.7133
City Lafayette	State LA	Zip Code 70503
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer LHC Group	Occupation Regional Manager	Payroll Deduction (\$15 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

C.

Full Name (Last, First, Middle Initial) Barbara Goodman		Date of Receipt MM / DD / YYYY 10 / 05 / 2010
Mailing Address 420 W. Pinhook Road		Transaction ID: SA11AI.7181
City Lafayette	State LA	Zip Code 70503
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer LHC Group	Occupation Regional Manager	Payroll Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

SUBTOTAL of Receipts This Page (optional)	70.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

A.	Full Name (Last, First, Middle Initial) Joyce Korsen		Date of Receipt
	Mailing Address 204 Northstone Place		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Fayetteville	NC	28303
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7192
Name of Employer LHC Group		Occupation VP of Joint Venture Relationships	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 308.00	<input type="text"/> 77.00
			Payroll Deduction (\$77.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Mary Lee		Date of Receipt
	Mailing Address 420 W. Pinhook Road Suite A		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Lafayette	LA	70503
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7194
Name of Employer LHC Group, Inc.		Occupation Division Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	<input type="text"/> 50.00
			Payroll Deduction (\$50.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Marcus Macip		Date of Receipt
	Mailing Address 469 Meghan Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Opelusas	LA	70570
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7140
Name of Employer LHC Group		Occupation VP/Chief Admin. Officer/Dir. Of HR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 425.00	<input type="text"/> 50.00
			Payroll Deduction (\$25 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 177.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

A.	Full Name (Last, First, Middle Initial) Marcus Macip		Date of Receipt
	Mailing Address 469 Meghan Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 5 / 2 0 1 0
	City	State	Zip Code
	Opelusas	LA	70570
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7198
Name of Employer LHC Group		Occupation VP/Chief Admin. Officer/Dir. Of HR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 450.00	Payroll Deduction (\$25.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Carline MacMillian		Date of Receipt
	Mailing Address 324 Deer Park Trial		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 5 / 2 0 1 0
	City	State	Zip Code
	Lafayette	LA	70508
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7138
Name of Employer LHC Group		Occupation Director of Hospice	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 50.00
		<input type="text"/> 425.00	Payroll Deduction (\$25 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Carline MacMillian		Date of Receipt
	Mailing Address 324 Deer Park Trial		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 0 / 0 5 / 2 0 1 0
	City	State	Zip Code
	Lafayette	LA	70508
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7196
Name of Employer LHC Group		Occupation Director of Hospice	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 450.00	Payroll Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 100.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

A.	Full Name (Last, First, Middle Initial) Richard MacMillian	Date of Receipt MM / DD / YYYY 10 / 05 / 2010
	Mailing Address 324 Deer Park Trial	Transaction ID: SA11AI.7139
	City State Zip Code Lafayette LA 70508	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$200 Bi-Weekly)
	Name of Employer LHC Group Occupation Legal Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 2500.00	

B.	Full Name (Last, First, Middle Initial) Richard MacMillian	Date of Receipt MM / DD / YYYY 10 / 05 / 2010
	Mailing Address 324 Deer Park Trial	Transaction ID: SA11AI.7197
	City State Zip Code Lafayette LA 70508	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$200.00 Bi-Weekly)
	Name of Employer LHC Group Occupation Legal Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 2700.00	

C.	Full Name (Last, First, Middle Initial) Keith Myers	Date of Receipt MM / DD / YYYY 10 / 05 / 2010
	Mailing Address 211 Morning Mist	Transaction ID: SA11AI.7146
	City State Zip Code Sunset LA 70584	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$410 Bi-Weekly)
	Name of Employer The LHC Group Occupation President/CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 4640.00	

SUBTOTAL of Receipts This Page (optional)	▶	680.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

A.	Full Name (Last, First, Middle Initial) Keith Myers		Date of Receipt
	Mailing Address 211 Morning Mist		<input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Sunset	LA	70584
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7208
Name of Employer The LHC Group		Occupation President/CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 4680.00	<input type="text" value="40.00"/>
		Payroll Deduction (\$40.00 Bi-Weekly)	

B.	Full Name (Last, First, Middle Initial) Kimberly Seymour		Date of Receipt
	Mailing Address 102 Fyvie Lane		<input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Lafayette	LA	70503
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7220
Name of Employer LHC Group		Occupation Director of Internal Audit	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	<input type="text" value="100.00"/>
		Payroll Deduction (\$100.00 Bi-Weekly)	

C.	Full Name (Last, First, Middle Initial) Kermit Simmons		Date of Receipt
	Mailing Address 3 Rue Christopher Crossing		<input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Natchitoches	LA	71457
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7110
Name of Employer LHC Group		Occupation DVP of Facility Based Services	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	<input type="text" value="1000.00"/>
		Donation	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="1140.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 15
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

A.	Full Name (Last, First, Middle Initial) Harold Taylor	Date of Receipt MM / DD / YYYY 10 / 05 / 2010
	Mailing Address 252 Purple Dawn Drive	Transaction ID: SA11AI.7152
	City State Zip Code Sunset LA 70584	Amount of Each Receipt this Period 77.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$38.50 Bi-Weekly)
Name of Employer La. Home Care Group, Inc.	Occupation Director of Purchasing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4653.50	

B.	Full Name (Last, First, Middle Initial) Harold Taylor	Date of Receipt MM / DD / YYYY 10 / 05 / 2010
	Mailing Address 252 Purple Dawn Drive	Transaction ID: SA11AI.7224
	City State Zip Code Sunset LA 70584	Amount of Each Receipt this Period 38.50
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$38.50 Bi-Weekly)
Name of Employer La. Home Care Group, Inc.	Occupation Director of Purchasing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4692.00	

C.	Full Name (Last, First, Middle Initial) James Tobey	Date of Receipt MM / DD / YYYY 10 / 05 / 2010
	Mailing Address 465 Leo Avenue	Transaction ID: SA11AI.7153
	City State Zip Code Shreveport LA 71105	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Payroll Deduction (\$50 Bi-Weekly)
Name of Employer LHC Group	Occupation Director of Sales and Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

SUBTOTAL of Receipts This Page (optional)	215.50
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 15
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

A.	Full Name (Last, First, Middle Initial) James Tobey		Date of Receipt
	Mailing Address 465 Leo Avenue		<input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Shreveport	LA	71105
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7225
Name of Employer LHC Group		Occupation Director of Sales and Marketing	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="900.00"/>	<input type="text" value="50.00"/>
			Payroll Deduction (\$50.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) Pam Wigglesworth		Date of Receipt
	Mailing Address RR 2 Box 39F		<input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Alderson	WY	24910
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7154
Name of Employer LHC Groups		Occupation State Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1445.00"/>	<input type="text" value="170.00"/>
			Payroll Deduction (\$85 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) Pam Wigglesworth		Date of Receipt
	Mailing Address RR 2 Box 39F		<input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Alderson	WY	24910
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.7229
Name of Employer LHC Groups		Occupation State Manager	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1530.00"/>	<input type="text" value="85.00"/>
			Payroll Deduction (\$85.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="305.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="4122.50"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

LOUISIANA HEALTH CARE GROUP EMPLOYEE FEDERAL POLITICAL ACTION COMMITTEE INC

A.

Full Name (Last, First, Middle Initial)

LANDRY FOR LOUISIANA

Mailing Address PO BOX 13816

City NEW IBERIA State LA Zip Code 70562

Purpose of Disbursement
Donation

Candidate Name
JEFFREY M LANDRY

Office Sought: House
 Senate
 President

State: LA District: 03

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.7100

Date of Disbursement

10 / 12 / 2010

Amount of Each Disbursement this Period

2400.00

B.

Full Name (Last, First, Middle Initial)

LARSON FOR CONGRESS

Mailing Address 109 Pitkin Street

City East Hartford State CT Zip Code 06108

Purpose of Disbursement
Donation

Candidate Name
JOHN B LARSON

Office Sought: House
 Senate
 President

State: CT District: 01

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23.7104

Date of Disbursement

10 / 04 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3400.00

TOTAL This Period (last page this line number only)

3400.00